## FINANCIAL STATUS REPORT

(Long Form) (Follow instructions on the back)

ORIGINAL

Federal Agency and Organizational			2. Federal Grant or Other Identifying Number			per	1 11 1			of
· · · · · · · · · · · · · · · · · · ·				By Federal Agency merica Vote Act of 2002			No. 0348-0039		1 1	l 1
	100 7 010 1 3	54				•	pages			
3. Recipient Organization (Name and complete address, including ZIP code) Commonwealth of PA										
		Department of State 302 North Office Building								
					302 North Harrisbur			y 2		
4. Employer Identification Number   5. Recipient Account Numbe										·
			☐ Yes		⊠ Cash					
8. Funding/Grant Pe	9. Period	Covered by	overed by this Report			Accrual				
From: (Month, D		(Month, Da	ay, Year)	, Year) To:		nth, Day				
04/15/20 10. Transactions	01/01/0 I		1 II		12/	12/31/2004 III				
<b>,</b>	Previously	Reported		is Period Cumular		tive				
a. Total outlays		0.00		0.00			0.00			
b. Refunds, rebat										
c. Program incom		0.00		0.00		0.00				
alternative		0.00		0.00		0.00				
d. Net outlays (Line a, less th		0.00	0.00			0.00				
Recipient's share of r	<u> </u>			21.00	1998 (8)					
e. Third party (in		0.00	0.00			0.00				
f. Other Federal award		0.00		0.00		0.00				
g. Program income used in accordance with the matching or cost sharing alternative					0.00		0.00			
h. All other recip						0.00				
i. Total recipient share of net outlays					0.00		0.00		0.00	
(Sum of lines e		0.00		0.00		0.00				
j. Federal share o		0.00		0.00		ann an ghiù bhaile an dèire				
( <i>Line d less lin</i> k. Total unliquid		0.00		0.00			0.00			
•							0.00			
I. Recipient's sha							0.00			
m. Federal share of	of unliquidated of	bligations	S			•				
n. Total Federal s			**********				0.00			
(Sum of lines j							0.00			
o. Total Federal f					22	2,916,9	52.00			
p. Unobligated ba										
(Line o minus a			design of a section of section	ega era sweze a ere a deste a	24	2,916,9	52.00			
q. Disbursed prog							0.00			
r. Disbursed prog							0.00			
s. Undisbursed p										
t. Total program income realized				883,335.99		609,	609,304.35		1,492,640.34	
(Sum of lines q	883,335.99		609,304.35			1,492,640.34				
11. Indirect	a. Type of Rate		<i>'X'' in appropriate b</i> Predeter	•		Final		∇	Timed	
Expense	b. Rate	sionai	c. Base		d. Total Am		e. ]		Fixed Share	
. N/A N/A						00	0.00			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.										
Section 8 – Funding period to date has not been defined by the awarding agency. Period used represents the										
date of the initial receipt of funds.										
Section 10 s – Interest earned on the Title I, Section 102 funds.										
	or obt ournou or	1 1110 11.	1, 50011011 102	ranas.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all										
outlays and unliquidated obligations are for the Typed or Printed Name and Title						t forth in the award documents.  Telephone (Area code, number and extension)				
David A. Kreiger,	nting	(717) 783-7880			,					
Signature of Authorized Certifying Official					Date Re	Date Report Submitted February 17, 2005				
LINA (rega						ге	ordary 17	, 200	, <u>J</u>	
Previous Edition Usable 269-10 NSN 7540-01-012-4285						Standard Form 269 (REV 2-92) Prescribed by OMB Circulars A-102 and A-110				